

Case 1:25-cv-11661 Document 1-10 Filed 06/05/25 Page 1 of 8

Massachusetts Attorney General's Office | Wage Complaint or Dispute



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2025 JUN -5 PM 3:36

U.S. DISTRICT COURT
DISTRICT OF MASS.

Before You File

[Español](#) | [Português](#)

The Massachusetts Attorney General's Office represents the public interest, and cannot provide you with legal advice or act as your attorney. If you have any questions concerning your individual legal rights or responsibilities, you should contact a private attorney, or review the AGO Legal Resources page.

Please note that after 15 minutes of inactivity, a message will appear asking you if you want to continue your session. You must select "yes," or your session will end, and you will have to restart the form.

About Your Request

Select From Below (Required) *

- ☒ Non-Payment of Wage
- ☐ Child Labor / Youth Employment
- ☐ Domestic Violence Leave
- ☐ Prevailing Wage
- ☐ Employment Discrimination

Complete the information requested below for complaints relating to any of the reasons listed in the "Reasons for Filing" section.

Reasons for Filing Complaint

Choose all that apply

- | | | |
|--|---|---|
| <input checked="" type="checkbox"/> Minimum wage | <input type="checkbox"/> Sick leave | <input checked="" type="checkbox"/> Retaliation |
| <input checked="" type="checkbox"/> Non-payment of wages | <input type="checkbox"/> Meal period | <input type="checkbox"/> Temp workers' right to know |
| <input checked="" type="checkbox"/> Overtime pay | <input checked="" type="checkbox"/> Tips | <input checked="" type="checkbox"/> Personnel records |
| <input type="checkbox"/> Sunday/holiday pay | <input type="checkbox"/> Domestic worker law | <input checked="" type="checkbox"/> Other |
| <input type="checkbox"/> Vacation pay | <input type="checkbox"/> Independent contractor misclassification | Explain: * |
| <input type="checkbox"/> Deductions | <input type="checkbox"/> Unpaid commissions | giving personal info/location to ex |

☐ I am requesting permission to sue privately ("**private right of action**").

If you check the box above, we will send you permission to sue privately and this office will not pursue an investigation or enforcement at this time.

Workers have the right to sue their employers for violations of wage and hour and prevailing wage laws. Workers may sue on their own or as a group with other workers, if they have similar complaints. Workers who win their case have a right to triple damages, attorney fees, and court costs.

Complaint Against

Company or Employer Name (Required) *

MGM Music Hall

Company or Employer Type (Required) *

Other

Fill In Company or Employer Type (Required) *

Concert Hall

Company or Employer Street Address (Required) *

175 Ipswich Street

City (Required) * State (Required) * Zip Code (Required) *

Boston

Massachusetts

02115

Company Phone

Number of Employees

Owner and/or Supervisor Name and Contact Information

Monica Casillas/Keith

Employment Dates

From ☒ Present

08/24/2022

Time Period of Violation

From (Required) * ☒ Present

08/24/2022

Report or Complaint Detail

I need help
for myself

Type of Work Performed and Job Title (Required) *

Bartender/Supervisor

Pay Rate (Required) * Per (Required) *

\$10.51 / Hour

Total Amount Owed

\$7,000.00

Provide detailed information about what happened, including relevant dates and names. If you have complained to the employer, tell us what happened.

You cannot attach supporting documents (for example, pay stubs or time records) at this time. If you have documents that support your complaint, please describe them here. If we decide to investigate your complaint, you will have the opportunity to provide supporting documents. Please keep copies of these documents.

(Required) *

(See Hard Copy)

*See attached statement of events.

- hours worked: 171

- Tips: 4,973.14

- Wages: 1,797.21

Seeking 50 mil in defamation, sabotage, etc.

Has Someone Helped You?

☐ I contacted a community organization, lawyer, union, or government agency.

☐ I hired a lawyer or attorney to represent me.

☐ Other

☒ I have not asked for help before filing this complaint.

Employee Contact Information (We may contact you by mail, phone, text or email.)

☐ I want to remain anonymous.

First Name Last Name
Vivian Fravien

Street Address
Boston

City State Zip Code
Boston Massachusetts

Phone
781-620-6805

Email
If you provide your email address, you will receive a confirmation email after submitting this form with a copy of the completed complaint attached.
Vfravien1@Outlook.com

Date of Birth
01/09/1990

Preferred Language (If not English)

☐ I am a U.S. Military Service Member or Veteran, or filing on behalf of an employee who is a member of the military.

Alternate Contact Person (Optional)

Name

Phone

Important Information

1. We may share the information you provided with the company or employer you are complaining about in order to resolve your complaint. If you do not want us to share your name and personal information with anyone, please let us know.
2. Some information about the company or employer you complained about may be publicly posted on the AGO website, including their name, town/city, and state, and the date the complaint was filed.
3. In most circumstances, your complaint is considered a public record. This means that a member of the public could ask us to share the information you provided.
4. As a rule, we will not share your personal information like your name, address, phone number, or email address with the general public.

Signature

☒ By entering my name below, I certify that: (Required) *

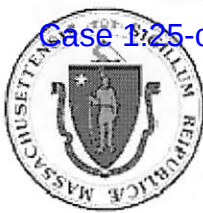
- The information I have provided is true and correct to the best of my knowledge, and
- I have read and understand the important information above.

Type Full Name of the Person Submitting Form (Required) *

Vivian Fravien, Received on 10/24/2022; Entered by TMason

Date Submitted

10/25/2022



INFORMATIONAL DOCKET ENTRIES

Date	Ref	Description	Judge
05/20/2024		Attorney appearance On this date Pro Se added for Plaintiff Vivian Fravien	
05/20/2024	1	Affidavit of Indigency and request for waiver substitution of state payment of fees and costs filed without Supplemental affidavit ALLOWED	
05/20/2024	2	Complaint electronically filed.	
05/20/2024	3	Civil action cover sheet filed.	
05/20/2024		Case assigned to: DCM Track F - Fast Track was added on 05/20/2024	
05/20/2024		EDocument sent: A Tracking Order was generated and sent to: Plaintiff: Vivian Fravien No addresses available	
05/20/2024		Docket Note: summonses in hand	
06/10/2024	4	Service Returned for Defendant MGM Fenway Music Hall: Service through person in charge / agent;	
06/10/2024	5	Service Returned for Defendant Live Nation: Service through person in charge / agent;	
09/20/2024	6	Vivian Fravien's request for Default 55(a) Applies To: <u>Live Nation</u> (Defendant)	
09/20/2024	7	Vivian Fravien's request for Default 55(a) Applies To: <u>MGM Fenway Music Hall</u> (Defendant)	
11/05/2024		Document: Default order Mass. R. Civ. P. 55(a) Sent On: 11/05/2024 15:52:34	
11/05/2024	8	Default 55a Entered as to: MGM Fenway Music Hall (Defendant); Live Nation (Defendant) notice sent 11/6/24	

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U.S. DISTRICT COURT
SOUTHERN DISTRICT OF MASS.



Detail COA Information

Restricted Information
Please Configure or Install Zebra ZD411 printer to use with COARS upon receipt
Support for the Dymo Printer has come to an end
?

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Current COA Information is not Available

COARS History Record 1

Move Type: IP Primary: FRAV024
Request: Deleted
Change Fail/No Maint. Deleted
Reason: Validation Function:
Effective Date: 02/17/2025
Orig Trans : 2502814690011390 Mod Trans: 2505580010111400
Created On: 01/28/2025 14:31 Last Update: 02/24/2025
Status: Active
Last UCOA
modified by:
Machine ID: 1469
Name: FRAVIEN VIVIAN
Old CRID: C013
Old 24 COLGATE RD APT 9
Address: ROSLINDALE MA 02131-1122-00
New CRID: B002
New PO BOX 203
Address: ROSLINDALE MA 02131-0002

No Image Available

COARS History Record 2

Move Type: IP Request: Added prior to Effective Date: 02/17/2025 Orig Trans: 2502814690011390 Created: 01/28/2025 14:31 Primary: FRAV024
Mod Trans: 2502990010436630 Updated: 01/29/2025
Status: Active Last modified by: UCOA Machine ID: 1469
Name: FRAVIEN VIVIAN
Old Addr: 24 COLGATE RD APT 9; ROSLINDALE MA 02131-1122-00 Old CRID: C013
New Addr: PO BOX 203; ROSLINDALE MA 02131-0002 New CRID: B002

COARS History Record 3

Move Type: IP Request: Added Effective Date: 01/24/2025 Orig Trans: 2502814690011390 Created: 01/28/2025 14:31 Primary: FRAV024
Last modified by: A978 Machine ID: 1469
Name: FRAVIEN VIVIAN
Old Addr: 24 COLGATE RD APT 9; ROSLINDALE MA 02131-1122-09 Old CRID: C013
New Addr: PO BOX 203; ROSLINDALE MA 02131-0002-03 New CRID: B002



Detail COA Information

Restricted Information

Please Configure or Install Zebra ZD411 printer to use with COARS upon receipt
Support for the Dymo Printer has come to an end

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Current COA Information is not Available

COARS History Record 1Move
Type: IP

Request: Deleted

Effective
Date: 02/17/2025Orig
Trans: 2502814680011390 Created: 01/28/2025 14:31 Primary: FRAV024Mod
Trans: 2505580010111400 Updated: 02/24/2025Status: Active Last
modified by: UCOA Machine ID: 1469

Name: FRAVIEN VIVIAN

Old Addr: 24 COLGATE RD APT 9; ROSLINDALE MA 02131-1122-00

Old CRID: C013

New
Addr: PO BOX 203; ROSLINDALE MA 02131-0002

New CRID: B002

COARS History Record 2

Move Type: IP

Primary: FRAV024

Request: Added prior to Effective Date

Change ID Validation

Maint. Modified

Reason: Pending

Function:

Effective
Date: 02/17/2025

Orig Trans : 2502814680011390

Mod Trans: 2502990010436630

Created On: 01/28/2025 14:31

Last Update: 01/29/2025

Status: Active

Last
modified by: UCOA

Machine ID: 1469

Name: FRAVIEN VIVIAN

Old CRID: C013

Old 24 COLGATE RD APT 9

Address: ROSLINDALE MA 02131-1122-00

New CRID: B002

New PO BOX 203

Address: ROSLINDALE MA 02131-0002

No Image Available

COARS History Record 3Move
Type: IP

Request: Added

Effective
Date: 01/24/2025Orig
Trans: 2502814680011390 Created: 01/28/2025 14:31 Primary: FRAV024Status: Active Last
modified by: A978 Machine ID: 1469

Name: FRAVIEN VIVIAN

Old Addr: 24 COLGATE RD APT 9; ROSLINDALE MA 02131-1122-09

Old CRID: C013

New
Addr: PO BOX 203; ROSLINDALE MA 02131-0002-03New
CRID: B002